Division of Health Care Finance and Policy

Hospital Outpatient Observation Case Mix and Charge Data

Fiscal Year 2002

Documentation Manual

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I. Introduction

The Massachusetts Division of Health Care Finance and Policy began collecting Outpatient Observation Data in July 1997. The Division s collection of Outpatient Observation Data was in response to increasing migration of hospital care to the outpatient observation setting from the traditional inpatient setting. Outpatient Observation patients are observed, evaluated, and treated if necessary, before they are safely discharged from the hospital.

The Outpatient Observation Data includes patients who receive outpatient observation services and are not admitted to the hospital. A general definition of Outpatient Observation services is defined for reporting purposes in the Case Mix Regulation 114.1 CMR 17.02 as:

> ***Observation services are those furnished on a hospital s premises which are reasonable and necessary to further evaluate the patient s condition and provide treatment to determine the need for possible admission to the hospital. These services include the use of a bed and periodic monitoring by a hospital s physician, nursing and other staff.***

This manual includes information to be used with the Outpatient Observation case mix data as specified in 114.1 CMR 17.08, Outpatient Observation Data Specifications. Information contained in this manual includes the data file specifications, standards the Division is using for checking the data, hospital verification responses concerning hospital reported data, and file structure descriptions. Also included is information on cautionary use data and calculated fields.

Regulations:

Copies of Regulation 114.1 CMR 17.00: ***Requirement for the Submission of Hospital Case Mix and Charge Data and Regulation 114.1 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data*** may be obtained for a fee by faxing a request to the Division s Public Information Officer at (617) 727-3054. The regulations may also be found at the Division s web site: ***http://www.mass.gov/dhcfp.***

II. Compact Disk (CD) File Specification

1) **Data Formats:**

The Division has created the outpatient observation data set in three available formats:

- .DBF
- .MDB
- .TXT

2) **File / Table Names:**

OA02L#Q1

OA02L#Q2

OA02L#Q3

OA02L#Q4

Where # stands for the level of data requested.

3) **2002 Outpatient Observation Record Counts:**

For Hospital Year 2002 the number of outpatient observation stays collected from Massachusetts hospitals for Quarters 1 - 4 totaled 130,959. The distribution by quarter is as follows:

Quarter 1	31,592	(N = 73 Hospitals Reporting)
Quarter 2	32,454	(N = 73 Hospitals Reporting)
Quarter 3	33,651	(N = 73 Hospitals Reporting)
Quarter 4	33,262	(N = 73 Hospitals Reporting)

4) **Data Formats:**

For a complete listing of data base structure formats (.DBF, .MDB and .TXT), please refer to the Appendices contained in the back of this manual.

III. Data Standards

Definition of Quarterly Reporting Periods

All Massachusetts acute care hospitals are required to file data which describes the case mix of their patients as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2002 period, these quarterly reporting intervals are as follows:

Quarter 1: **October 1, 2001 - December 31, 2001**

Quarter 2: **January 1, 2002 - March 31, 2002**

Quarter 3: **April 1, 2002 - June 30, 2002**

Quarter 4: **July 1, 2002 - September 30, 2002**

III. Data Standards

Data Edits and Error Categories

Fiscal Year 2002 outpatient observation data was submitted by the hospitals 75 days after the close of each quarter. The required data elements were then edited using the corresponding edits as specified in ***Regulation 114.1 CMR 17.08: Outpatient Observation Data Specifications.***

The quarterly data is edited for compliance with regulatory requirements using a one percent error rate as specified in Regulation 114.1 CMR 17.08. The one percent error rate is based on the presence of type A and type B errors as follows:

Type A: One error per outpatient observation stay causes rejection of discharge.

Type B: Two errors per outpatient observation stay causes rejection of discharge.

If **one percent or more** of the discharges are rejected, then the entire data submission is rejected by the Division, and the hospital is informed that the submission failed the edit process. These edits primarily check for valid codes, correct formatting, and presence of required data elements. Please see listing of data elements categorized by error type which follows this section.

Each hospital receives a quarterly error report displaying invalid outpatient observation stay information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met.

The Division strives to include data that has passed the one percent compliance standard in the data files we release to the public. When this is not possible, we include data which did not meet the 1% standard (i.e. failed the edits). Submissions which have failed are referred to as **Cautionary Submissions.** Observation stays within submissions that have failed the edit process are assigned a special flag which indicates that the submission failed.

Please see the Cautionary Use Data section for further technical details.

III. Data Standards

Data Element Field Descriptions and Error Categories

The following are the required data elements that hospitals must report to the division in accordance with Case Mix Regulation 114.1 CMR 17.00. We have also included additional fields created by the Division. ***Newly added this year*** is an ED indicator, that went into effect on October 1, 2001. The flag indicates whether the patient was admitted to the outpatient observation stay from the hospital s emergency department.

Each recipient of the outpatient observation data has been granted approval by the Division to receive a certain level of data. Please refer to Section III, page 13 for a description of Data Levels I — VI and to Section VII, Appendix D to review the specific data elements contained in your data files. Please note that higher levels contain an increasing number of Deniable Data Elements.

In addition to the field names, the data description and error category for each field is listed below.

	Field Name:	Short Description:	Error Category
1	Hos_ID	Hospital DPH number	A
2	MultiSiteN	Hospital s designated number for multiple sites merged under one DPH number	
3	Pt_ID	Unique Health Identification Number	A
4	MR_N	Patient s medical record number	A
5	Acct_N	Hospital billing number for the patient	A
6	MOSS	Mother s social security number for infants up to 1 year old	B
7	MCD_ID	Medicaid Claim Certificate Number	A
8	DOB	Patient date of birth	A
9	Sex	Patient s sex	A
10	Race	Patient s race	B
11	Zip_Code	Patient s zip code	B
12	Ext_Zcode	Patient s 4 digit zip code extension	
13	Beg_Date	Patient s beginning service date	A

III. Data Standards

Data Element Field Descriptions and Error Categories

	Field Name:	Short Description:	Error Category
14	End_Date	Patient s ending service date	A
15	Obs_Time	Initial encounter time of day	B
16	Ser_Unit	Unit of service is hours	A
17	Obs_Type	Patient s type of visit status	B
18	Obs_1Srce	Originating referring or transferring source for Observation visit	B
19	Obs_2Srce	Secondary referring or transferring source for Observation visit	B
20	Dep_Stat	Patient s departure status	A
21	Payr_Pri	Patient s primary source of payment	A
22	Payr_Sec	Patient s secondary payment source	A
23	Charges	Total charges for observation rounded up to the nearest dollar	A
24	Surgeon	Patient s surgeon for this visit: Unique Physician Number (UPN), or DENSG , PODTR or OTHER Or MIDWIF	B
25	Att_MD	Patient s attending physician: Unique Physician Number (UPN), or DENSG , PODTR or OTHER Or MIDWIF	B
26	Oth_Care	Other caregiver	B
27	PDX	Patient s principal diagnosis: Valid ICD-9-CM code	A
28	Assoc_DX1	Patient s first associated diagnosis: Valid ICD-9-CM code	A

III. Data Standards

Data Element Field Descriptions and Error Categories

	Field Name:	Short Description:	Error Category
29	Assoc_DX2	Patient s second associated diagnosis: Valid ICD-9-CM code	A
30	Assoc_DX3	Patient s third associated diagnosis: Valid ICD-9-CM code	A
31	Assoc_DX4	Patient s fourth associated diagnosis: Valid ICD-9-CM code	A
32	Assoc_DX5	Patient s fifth associated diagnosis: Valid ICD-9-CM code	A
33	P_PRO	Patient s Principal Procedure: Valid ICD-9-CM code	A
34	P_PRODATE	Date of patient s Principal Procedure	B
35	Assoc_PRO1	Patient s first associated procedure: Valid ICD-9-CM code	A
36	AssocDATE1	Date of patient s first Associated Procedure	B
37	Assoc_PRO2	Patient s second Associated Procedure: Valid ICD-9-CM code	A
38	AssocDATE2	Date of patient s second associated procedure	B
39	Assoc_PRO3	Patient s third associated procedure: Valid ICD-9-CM code	A
40	AssocDATE3	Date of patient s third associated procedure	B
41	CPT1	Patient s first CPT code	A
42	CPT2	Patient s second CPT code	A
43	CPT3	Patient s third CPT code	A
44	CPT4	Patient s fourth CPT code	A
45	CPT5	Patient s fifth CPT code	A
46	ED_Flag	Character	A

III. Data Standards

Data Element Field Descriptions and Error Categories

Additional Fields Created by the Division:

MonthofBeg_Date	Month of Begin Date	NA
YearofBeg_Date	Year of Begin Date	NA
MonthofEnd_Date	Month of End Date	NA
Yearofend_Date	Year of End Date	NA
AgeOfPatient	Patient Age	NA
AgeUnits	Term Patient Age is Based On	NA
ObsSeqNum	Observation Sequence Number	NA
NoofDaysBtwObs	Number of Days Between Observation Stays	NA
SubmissionPassed	Submission Passed Edits Flag	NA

Notes:

1) ICD-9-CM Code = International Classification of Diseases, 9th Revision, Clinical Modification

2) CPT = Physicians Current Procedural Terminology Codes

III. Data Standards

Outpatient Observation Data Codes

The following are the data codes for the required data elements that hospitals must report to the division in accordance with Case Mix Regulation 114.1 CMR 17.00. We have also included data codes for the additional fields created by the Division. Each recipient for outpatient observation data has been granted approval by the Division to receive a certain level of data. Please refer to Section III, for a description of Data Levels I — VI and to Section VII, Appendix D to review the specific data elements contained in your data files. Please note that higher levels contain an increasing number of Deniable Data Elements.

Field Name	Description
Hos_ID	Hospital Department of Public Health number.
Multi_SiteN	Optional field for a hospital s determined number used to distinguish multiple sites that fall under one DPH number.
Pt_ID	Unique Health Identification Number (UHIN).
MR_N	Patient s hospital medical record number.
Acct_N	Hospital s billing number for the patient.
MOSS	Mother s UHIN for infants up to one year old or less.
MCD_ID	Medicaid Claim Certificate Number
DOB	Birth month, day and year.
Sex	1=male 2=female 3=unknown.
Race	1=White 2=Black 3=Asian 4=Hispanic 5=Native American 6=Other 9=Unknown
Zip_Code	Patient s residential 5 digit zip code.
Ext_Zcode	Patient s residential 4 digit zip code extension.
Beg_Date	Month, day and year when service begins.
End_Date	Month, day and year when service ends.
Obs_Time	Initial Observation encounter time. The time the patient became an Observation Stay patient.
Ser_Unit	The amount of time the patient has spent as an Observation Stay patient. The unit of service for Observation Stay is hours.

III. Data Standards

Outpatient Observation Data Codes

Field Name	Description
Obs_Type	Observation Visit Status: 1 = Emergency, 2 = Urgent, , 3 = Elective, 4 = Newborn, 5 = Information Not Available.
Obs_1Srce	Originating Observation Visit Source: 1 = Direct Physician Referral, 2 = Within Hospital Clinic Referral, 3˚= Direct Health Plan Referral, 4 = Transfer from Acute Care Hospital, 5 = Transfer from SNF, 6 = Transfer from ICF, 7 = Outside Hospital ER Transfer, 8 = Court/Law Enforcement, 9 = Other, 0 = Information Not Available, L = Outside Hospital Clinic Referral, M= Walk-in/Self Referral, R = Inside Hospital ER Transfer, T = Transfer from another Institution s SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer. Example: If a patient is transferred from a SNF to the hospital s Clinic and then becomes an Observation Stay status, the Originating Observation Source would be 5 — Transfer from SNF .
Obs 2 Srce	Secondary Observation Visit Source: 1 = Direct Physician Referral, 2 = Within Hospital Clinic Referral, 3 = Direct Health Plan Referral, 4 = Transfer from Acute Care Hospital, 5 = Transfer from SNF, 6 = Transfer from ICF, 7 = Outside Hospital ER Transfer, 8 = Court/Law Enforcement, 9 = Other, 0 = Information Not Available, L = Outside Hospital Clinic Referral, M= Walk-in/Self Referral, R = Inside Hospital ER Transfer, T = Transfer from another institution s SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer. Example: If a patient is transferred from a SNF to the hospital s Clinic and then becomes an Observation Stay status, the Secondary Observation Source would be 2 — Within Hospital Clinic Transfer .
Dep_Stat	Patient Disposition (Departure Status): 1 = Routine, 2 = Adm to Hospital, 3 = Transferred, 4 = AMA, 5 = Expired.
Payr_Pri	Primary Source of Payment. Please see Appendix H for Alphabetical Source of Payment List & Appendix I for Numerical Source of Payment List.
Payr_Sec	Primary Source of Payment. Please see Appendix H for Alphabetical Source of Payment List & Appendix I for Numerical Source of Payment List.
Charges	Grand total of all charges associated with the patient s observation stay.

III. Data Standards

Outpatient Observation Data Codes

Field Name	Description
Surgeon	Unique Physician Number (UPN), or DENSG = Dental Surgeon, PODTR = Podiatrist or OTHER = for situations where no permanent physician license number is assigned or if a limited license is assigned, or MIDWIF = Midwife, Or ------- = Invalid
Att_MD	Unique Physician Number (UPN), or DENSG = Dental Surgeon, PODTR = Podiatrist or OTHER = for situations where no permanent physician license number is assigned or if a limited license is assigned, or MIDWIF = Midwife, Or ------- = Invalid
Oth_Care	Other primary caregiver responsible for patient s care: 1 = Resident, 2 = Intern, 3 = Nurse Practitioner, 4 = Not Used, 5 = Physician Assistant.
PDX	ICD9 Principal Diagnosis excluding decimal point.
Assoc_DX	ICD9 Associated Diagnosis, up to five associated diagnoses excluding the decimal point.
P_PRO	Principal ICD9 Procedure excluding decimal point.
P_PRODATE	Date of patient s principal procedure.
Assoc_PRO	ICD9 Associated Procedures, up to three associated procedures excluding the decimal point.
AssocDATE	Date(s) of patient s associated procedures, up to three.
CPT	CPT4, up to five CPT codes.
ED_Flag	Flag to indicate whether patient was admitted to this outpatient observation stay from this facility s ED.

III. Data Standards

Outpatient Observation Data Codes

Additional Fields Created by the Division:

MonthofBeg_Date	1 = January, 2 = February, 3 = March, 4 = April, 5 = May, 6 = June, 7 = July, 8 = August, 9 = September, 10 = October, 11 = November, 12 = December
YearofBeg_Date	4 digit year
MonthofEnd_Date	1 = January, 2 = February, 3 = March, 4 = April, 5 = May, 6 = June, 7 = July, 8 = August, 9 = September, 10 = October, 11 = November, 12 = December
Yearofend_Date	4 digit year
AgeOfPatient	In years if >= 1, in weeks if < 1
AgeUnits	Weeks or Years
ObsSeqNum	Observation Sequence Number
NoofDaysBtwObs	Number of Days Between Observation Stays
SubmissionPassed	-1 = Passed, 0 = Failed

III. Data Standards

Description Of Data Levels I —VI

Six Fiscal Year 2001 data levels have been created to correspond to the levels set forth in ***Regulation 114.5 CMR 2.00***; ***Disclosure of Hospital Case Mix and Charge Data .*** Higher levels contain an increasing number of the data elements defined as Deniable Data Elements in Regulation 114.5 CMR 2.00. The deniable data elements include: the Unique Health Information number (UHIN which is the encrypted patient social security number), the patient medical record number, hospital billing number, mother s UHIN, date of birth, beginning and ending dates of service, the Unique Physician Number (UPN which is the encrypted Massachusetts Board of Registration in Medicine License Number), and procedure dates.

The six levels include:

LEVEL I Contains all case mix data elements, except the deniable data elements.

LEVEL II Contains all Level I data elements, plus the UPN.

LEVEL III Contains all Level I data elements, plus the patient UHIN, the mother s UHIN, an observation sequence number for each UHIN observation record, and may include the number of days between each subsequent observation stay for each UHIN number.

LEVEL IV Contains all Level I data elements, plus the patient UHIN, the mother s UHIN, the UPN, an observation sequence number for each UHIN observation record, and may include the number of days between each subsequent observation stay for each UHIN number.

LEVEL V Contains all Level IV data elements, plus the patient s beginning service date, ending service date and procedure dates.

LEVEL VI Contains all of the deniable data elements.

IV. Data Verification Process

The mid-year and year-end Outpatient Observation Data verification process is intended to present hospitals with a profile of their individual data as retained by the Division. The purpose of this project is to function as a quality control measure for hospitals to review the data they have provided to the Division of Health Care Finance and Policy.

Hospitals have an opportunity to review their data each year. The Division produces a Profile Report for the hospital to review that contains a series of frequency distribution tables covering selected data elements. Examples of these tables include number of observation patients by month, average hours of service, charge summary, and the top diagnoses and procedures. A complete listing of all tables is shown below:

Profile Report Distribution Tables:

• Observation Patient By Month	• Patient Sex Distribution
• Average Hours of Service	• Patient Race Distribution
• Charge Summary	• Top 10 Zip Codes of Patient Origin
• Observation Type Distribution	• Top 10 Primary Diagnoses, Average Charge, and Average Hours of Service
• Originating Referral / Transferring Source	• Top 10 Principal Procedures
• Secondary Referral / Transferring Source	• Top 10 Primary Payors
• Other Primary Caregivers	• Top 10 Second Payors
• Departure Status Summary	• Top 10 CPT Codes
• Patient Age Distribution	

IV. Data Verification Process

After reviewing each Profile Report, hospitals are asked to file a response form which provides the Division with verification that the report has been reviewed. The **Profile Report Response Form** provides each hospital with two alternatives for their reply:

> **Hospital Agrees** (also known as an **A Response**): By checking this category, a hospital indicates its agreement that the data appearing on the Profile Report is accurate and that it represents the hospital s outpatient observation patient profile.

> **Hospital Discrepancy(s) Noted** (also known as a **B Response**): By checking this category, a hospital indicates that the data on the report is accurate except for discrepancies noted.

If any discrepancies exist, (i.e. a B response), the Division requests that hospitals provide a written explanation of the discrepancies, which will be included in this Outpatient Observation Documentation Manual. A listing of the Profile Profile Report Error Categories is show below:

Profile Report Error Categories:

The discrepancy categories which hospitals may report on the Profile Report Verification Response form are as follows:

• Patients By Month	• Other Primary Caregivers	• Diagnoses
• Hours of Service	• Departure Status	• Procedures
• Charge Summary	• Age	• Primary Payors
• Observation Type Distribution	• Sex	• Secondary Payors
• Originating Refer. / Transfer. Source	• Race	• CPT Codes
• Secondary Refer. / Transfer. Source	• Zip Codes	

Hospitals are strongly encouraged by the Division to review their Profile Report for inaccuracies and make necessary corrections so that subsequent quarters of data will be accurate.

IV. Data Verification Process

Summary of Hospitals' FY 2002 Profile Report Responses

		Response Type			
DPH ID	**HOSPITAL NAME**	**A**	**'B'**	**NONE**	**COMMENTS**
2006	Anna Jaques Hospital	X			
2226	Athol Memorial Hospital	X			
2339	Baystate Medical Center	X			
2313	Berkshire Health Systems - Berkshire Medical Center	X			
2069	Beth Israel Deaconess Medical Center	X			
2054	Beth Israel Deaconess Medical Center —Needham	X			
2307	Boston Medical Center	X			
2921	Brigham & Women's	X			
2118	Brockton Hospital	X			
2108	Cambridge Health Alliance	X			
2135	Cape Cod Hospital	X			
2003	Caritas Carney Hospital	X			
2101	Caritas Good Samaritan Medical Center	X			
2225	Caritas Holy Family Hospital	X			
2114	Caritas Norwood Hospital	X			

IV. Data Verification Process

Summary of Hospitals' FY 2002 Profile Report Responses

		Response Type			
DPH ID	**HOSPITAL NAME**	**A**	**'B'**	**NONE**	**COMMENTS**
2011	Caritas St. Anne s	X			
2085	Caritas St. Elizabeth s	X			
2139	Children's Hospital	X			
2126	Clinton Hospital	X			
2155	Cooley-Dickinson Hospital	X			
2335	Dana Farber Cancer Ctr.	X			
2018	Emerson Hospital	X			
2052	Fairview Hospital	X			
2289	Falmouth Hospital	X			
2048	Faulkner Hospital	X			
2120	Franklin Medical Center	X			
2038	Hallmark Health —Lawrence Memorial Hospital	X			
2058	Hallmark Health —Melrose Hospital	X			
2143	Harrington Memorial Hospital		X		
2034	HealthAlliance Hospitals, Inc.	X			
2036	Heywood Hospital	X			

IV. Data Verification Process

Summary of Hospitals' FY 2002 Profile Report Responses

		Response Type			
DPH ID	**HOSPITAL NAME**	**A**	**'B'**	**NONE**	**COMMENTS**
2145	Holyoke Hospital	X			
2157	Hubbard Regional Hospital	X			
2082	Jordan Hospital	X			
2033	Lahey Clinic Burlington	X			
2099	Lawrence General Hospital	X			
2040	Lowell General Hospital	X			
2103	Marlborough Hospital	X			
2042	Martha's Vineyard Hospital	X			
2148	Mary Lane Hospital	X			
2167	Massachusetts Eye & Ear Infirmary	X			
2168	Mass. General Hospital	X			
2149	Mercy Hospital —Springfield	X			
2150	Mercy Hospital - Providence				There were no observation patients for FY2002.
2131	Merrimack Valley Hospital	X			
2020	Metrowest Medical Center —Framingham		X		
2039	Metrowest Medical Center — Leonard Morse Hospital		X		

IV. Data Verification Process

Summary of Hospitals' FY 2002 Profile Report Responses

		Response Type			
DPH ID	**HOSPITAL NAME**	**A**	**'B'**	**NONE**	**COMMENTS**
2105	Milford-Whitinsville Hospital	X			
2227	Milton Hospital	X			
2022	Morton Hospital	X			
2071	Mount Auburn Hospital	X			
2044	Nantucket Cottage Hospital	X			
2298	Nashoba Valley Medical Ctr.		X		Explanation received. Data not resubmitted.
2059	New England Baptist Hospital		X		No explanation received.
2299	Tufts New England Medical Center	X			
2075	Newton-Wellesley Hospital	X			
2076	Noble Hospital		X		Explanation received.
2061	North Adams Regional Hospital	X			
2016	Northeast Health Systems — Addison Gilbert Hospital	X			
2007	Northeast Health Systems — Beverly Hospital	X			
2151	Quincy Hospital	X			
2063	Saints Memorial Medical Center	X			

IV. Data Verification Process

Summary of Hospitals' FY 2002 Profile Report Responses

		Response Type			
DPH ID	**HOSPITAL NAME**	**A**	**'B'**	**NONE**	**COMMENTS**
2014	Salem Hospital	X			
2107	South Shore Hospital		X		Explanation received.
2337	Southcoast Health Systems —Charlton Memorial Hospital	X			
2010	Southcoast Health Systems - St. Luke s Hospital	X			
2106	Southcoast Health Systems —Tobey Hospital		X		Explanation received.
2128	Saint Vincent Hospital		X		Explanation received.
2100	Sturdy Memorial Hospital	X			
2841	UMass. Memorial — Medical Center	X			
2073	Union Hospital	X			
2067	Waltham Hospital	X			
2094	Winchester Hospital	X			
2181	Wing Memorial Hospital & Medical Center	X			

IV. Data Verification Process

Summary of Hospitals' FY 2002 Profile Report Responses

The following data discrepancies were reported by hospitals on their FY2002 Profile Report Verification Response Forms:

Other Primary Caregivers
Diagnoses
Hours of Service
Departure Status
Procedures
Charge Summary
Observation Type Distribution
Originating Refer./Transfer. Source
Secondary Refer. / Transfer. Source

IV. Data Verification Process

Reported Profile Report Discrepancies by Category

Hospital	Patients By Month	Hours of Service	Charge Summary	Observation Type Distribution	Originating Referring / Transferring Source	Secondary Refer. / Transfer Source
Harrington					X	
Metrowest — Framingham					X	
Metrowest — Leonard Morse					X	
Nashoba Valley		X				
New England Baptist		X				
Noble Hospital			X			
Saint Vincent		X	X	X	X	X
Southcoast — Tobey						
South Shore Hospital					X	

IV. Data Verification Process

Reported Profile Report Discrepancies by Category

Hospital	Other Primary Caregivers	Departure Status	Age	Sex	Race	Zip Codes
Saint Vincent Hospital	X	X				

Hospital	Diagnoses	Procedures	Primary Payors	Secondary Payors	CPT Codes
Saint Vincent Hospital	X	X			

IV. Data Verification Process

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IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

HARRINGTON MEMORIAL HOSPITAL

Harrington Memorial Hospital reported one discrepancy in the area of Originating Referral/Transferring Source. The Division s Report shows a total of 1,294 patients admitted from a source of Outside Hospital ER Transfer . Harrington s records, however, indicate that these patients were admitted from a source of Within Hospital ER Transfer .

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

METROWEST MEDICAL CENTER — FRAMINGHAM UNION HOSPITAL

MetroWest Medical Center — Framingham Campus reported one discrepancy in the area of Originating Referral/Transferring Source.

The values for Q1, Q2, and Q3 were understated for Inside Hospital ER Transfer . The following should be added to the totals:

Q1 — 372
Q2 — 408
Q3 — 421

Q4 totals were accurate.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

METROWEST MEDICAL CENTER — LEONARD MORSE HOSPITAL

MetroWest Medical Center — Natick Campus reported one discrepancy in the area of Originating Referral/Transferring Source. The values for Q1, Q2, and Q3 were understated for Inside Hospital ER Transfer . The following should be added to the totals:

Q1 — 150
Q2 — 168
Q3 — 136

Q4 totals were accurate.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NASHOBA VALLEY MEDICAL CENTER

Nashoba Valley Medical Center reported one discrepancy in the area of Hours of Service. Average Hours per Stay and Total Patient Hours listed on the report for Q3 and Q4 are incorrect as a result of a system upgrade. The problem is in the process of being rectified.

Note: Although letter of explanation indicated that corrected data would be resubmitted, data was not resubmitted.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NEW ENGLAND BAPTIST

New England Baptist Hospital reported one discrepancy in the area of Hours of Service. No explanation was received.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NOBLE HOSPITAL

Noble Hospital reported one discrepancy in the area of Charge Summary. Please see the attached page indicating the total differences.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

SOUTH SHORE HOSPITAL

South Shore Hospital reported one discrepancy in the area of Originating Refer. / Transfer. Source. Q 3 and Q4 show 2,260 referrals as Outside Hospital Emergency Room Transfer . These should be coded as Inside Hospital Emergency Room Transfer .

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

SOUTHCOAST — TOBEY HOSPITAL

Southcoast — Tobey Hospital reported that the data submitted for Q1 is materially understated. The reported case count for Q1 of 18 is incorrect. The correct Q1 case count is 122. All other data is substantially accurate.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

ST. VINCENT HOSPITAL

Saint Vincent Hospital reported several discrepancies in the areas of Hours of Service, Charge Summary, Observation Type Distribution, Originating Refer. / Transfer. Source, Seconadry Refer. / Transfer. Source, Other Primary Caregivers, Departure Status, Diagnoses, and Procedures. Please see attached letter of explanation.

V. Cautionary Use Data

The Outpatient Observation data files contain the most recent active data from each hospital. Active data includes submissions from hospitals that have **passed** the Division s edits, and also includes submissions that have **failed** , as well. Failing the edit process would mean that 1% or more of the observation stays did not pass the edit process. We consider data that did not pass the edit process to be **cautionary use** data.

We have included on the each file a field called SubmissionPassed. This field serves as a flag and indicates whether the quarterly submission passed or failed the edit process:

- If a submission passed the edit process, the SubmissionPassed field for all observation stays within that submission are assigned a value of -1.

- If the submission failed the edit process, the SubmissionPassed field for all observation stays within that submission are assigned a value of 0.

V. Cautionary Use Data

Hospitals With Cautionary and Missing Data for 2002

The Division is pleased to report that all hospitals had four quarters of passed data for Fiscal Year 2002.

VI. Calculated Fields

Age Calculation

Brief Description:

AgeOfPatient is calculated using the DateDiff Function in Access, which subtracts the date of birth (DOB) from the End_Date. Age is calculated to the nearest year (the remainder is dropped) if patient is at least 1 year old. The AgeUnits field is assigned a value of YEARS . Age is calculated to the nearest week (the remainder is dropped) if patient is less than 1 year old. The AgeUnits field is assigned a value of WEEKS .

If the observation did not pass the edits for any reason the age is not calculated and the AgeOfPatient field is set to zero and the AgeUnits field is left blank.

Detailed Description:

1. If the observation passed the edits then the DateDiff function is used to determine the age in weeks of the patient by subtracting the Date of Birth from the End of Service Date.

2. If the age in weeks is greater than 51 then the DateDiff function is used to determine the age in years of the patient by subtracting the Date of Birth from the End of Service Date and the AgeUnits is set to Years .

3. If the age in weeks is less than or equal to 51 then the DateDiff function is used to determine the age in weeks of the patient by subtracting the Date of Birth from the End of Service Date and the AgeUnits is set to Weeks .

4. If the observation did not pass the edits then the AgeOfPatient is set to zero and the AgeUnits field is left blank.

VI. Calculated Fields

Observation Sequence Number Calculation

Brief Description:

The file is sorted by PT_ID (Unique Patient ID also known as the UHIN) and End Date. The Observation Sequence Number (ObsSeqNo) is then calculated by incrementing a counter for each of the PT_ID s observation stays.

If the observation did not pass the edits for any reason the Observation Sequence Number is not calculated and the ObsSeqNo field is set to zero.

Detailed Description:

1. The file is sorted by PT_ID (Unique Patient ID also known as the UHIN) and End_Date.

2. The sequence number is calculated by incrementing a counter from 1 to nnn, where a sequence number of 1 indicates the first observation stay for a PT_ID and nnn indicates the last observation stay for the PT_ID.

3. If the observation did not pass the edits then the ObsSeqNo is set to zero.

VI. Calculated Fields

Number of Days Between Observation Stays Calculation

Brief Description:

The file is sorted by PT_ID (Unique Patient ID also known as the UHIN) and End Date. For PT_IDs with 2 or more observation stays the Number of Days Between Observation Stays (NoofDaysBtwObs) is calculated using the DateDiff Function in Access which subtracts the previous observation end date from the current End_Date.

If the observation did not pass the edits for any reason the Number of Days Between Observation Stays is not calculated and the NoofDaysBtwObs field is set to zero.

Detailed Description:

1. The file is sorted by PT_ID (Unique Patient ID also known as the UHIN) and End_Date.

2. If this is the first occurrence of a PT_ID the Number of Days Between Observation Stays is set to zero.

3. If a second occurrence of a PT_ID is found then the Number of Days Between Observation Stays (NoofDaysBtwObs) is calculated by using the DateDiff Function in Access, which subtracts the previous observation end date from the current End_Date.

4. Step 3 is repeated for all subsequent observation stays until the PT_ID changes.

5. If the observation did not pass the edits then the NoofDaysBtwObs is set to zero.

VII. Appendices

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Appendix A

Outpatient Observation .DBF File Structure

Field Name	Type	Width
HOS_ID	Character	4
MULTI_SITE	Character	1
PT_ID	**Character**	**9**
MR_N	**Character**	**10**
ACCT_N	**Character**	**17**
MOSS	**Character**	**9**
DOB	**Character**	**10**
SEX	Character	1
RACE	Character	1
ZIP_CODE	Character	5
BEG_DATE	**Date**	**8**
END_DATE	**Date**	**8**
OBS_TIME	Character	4
SER_UNIT	Character	6
OBS_TYPE	Character	1
OBS_1SRCE	Character	1
OBS_2SRCE	Character	1
DEP_STAT	Character	1
PAYR_PRI	Character	4
PAYR_SEC	Character	4
CHARGES	Numeric	11
SURGEON	**Character**	**7**
ATT_MD	**Character**	**7**
OTH_CARE	Character	1
PDX	Character	5
ASSOC_DX1	Character	5
ASSOC_DX2	Character	5
ASSOC_DX3	Character	5
ASSOC_DX4	Character	5
ASSOC_DX5	Character	5
P_PRO	Character	4
P_PRODATE	**Date**	**8**
ASSOC_PRO1	Character	4
ASSOCDATE1	**Date**	**8**
ASSOC_PRO2	Character	4
ASSOCDATE2	**Date**	**8**
ASSOC_PRO3	Character	4

Appendix A

Outpatient Observation .DBF File Structure

Field Name	Type	Width
ASSOCDATE3	**Date**	**8**
CPT1	Character	5
CPT2	Character	5
CPT3	Character	5
CPT4	Character	5
CPT5	Character	5
ED_FLAG	Character	1
MONTHOFBEG	Numeric	6
YEAROFBEG	Numeric	6
MONTHOFEND	Numeric	6
YEAROFEND	Numeric	6
AGEOFPATIE	Numeric	11
AGEUNITS	Character	254
OBSSEQNO	Numeric	11
NOOFDAYSBT	Numeric	11
SUBMISSION	Logical	1
** Total **		538

*Please note the data fields listed in bold are considered **Deniable Data Elements**. Depending on the level of data purchased, these fields may not be present on the file.

Appendix B

Outpatient Observation .MDB File Structure

Field Name	Type	Size
Hos_ID	Text	4
Multi_SiteN	Text	1
Pt_ID	**Text**	**9**
MR_N	**Text**	**10**
Acct_N	**Text**	**17**
MOSS	**Character**	**9**
DOB	**Text**	**10**
Sex	Text	1
Race	Text	1
Zip_Code	Text	5
Beg_Date	**Date/Time**	**8**
End_Date	**Date/Time**	**8**
Obs_Time	Text	4
Ser_Unit	Text	6
Obs_Type	Text	1
Obs_1Srce	Text	1
Obs_2Srce	Text	1
Dep_Stat	Text	1
Payr_Pri	Text	4
Payr_Sec	Text	4
Charges	Number (Long)	4
Surgeon	**Text**	**7**
Att_MD	**Text**	**7**
Oth_Care	Text	1
PDX	Text	5
Assoc_DX1	Text	5
Assoc_DX2	Text	5
Assoc_DX3	Text	5
Assoc_DX4	Text	5
Assoc_DX5	Text	5
P_PRO	Text	4
P_PRODATE	**Date/Time**	**8**
Assoc_Pro1	Text	4
AssocDate1	**Date/Time**	**8**
Assoc_Pro2	Text	4
AssocDate2	**Date/Time**	**8**
Assoc_Pro3	Text	4
AssocDate3	**Date/Time**	**8**

Appendix B

Outpatient Observation .MDB File Structure

Field Name	Type	Size
CPT1	Text	5
CPT2	Text	5
CPT3	Text	5
CPT4	Text	5
CPT5	Text	5
ED_Flag	Text	1
MonthofBeg_Date	Number (Integer)	2
YearofBeg_Date	Number (Integer)	2
MonthofEnd_Date	Number (Integer)	2
YearofEnd_Date	Number (Integer)	2
AgeOfPatient	Number (Long)	4
AgeUnits	Text	255
ObsSeqNo	Number (Long)	4
NoofDaysBtwObs	Number (Long)	4
SubmissionPassed	Yes/No	1

*Please note the data fields listed in bold are considered **Deniable Data Elements**. Depending on the level of data purchased, these fields may not be present on the file.

Appendix C

Outpatient Observation .TXT File Structure

Field Name
Hos_ID
Multi_SiteN
Pt_ID
MR_N
Acct_N
MOSS
DOB
Sex
Race
Zip_Code
Beg_Date
End_Date
Obs_Time
Ser_Unit
Obs_Type
Obs_1Srce
Obs_2Srce
Dep_Stat
Payr_Pri
Payr_Sec
Charges
Surgeon
Att_MD
Oth_Care
PDX
Assoc_DX1
Assoc_DX2
Assoc_DX3
Assoc_DX4
Assoc_DX5
P_PRO
P_PRODATE
Assoc_Pro1
AssocDate1
Assoc_Pro2
AssocDate2
Assoc_Pro3

Appendix C

Outpatient Observation .TXT File Structure

Field Name
AssocDate3
CPT1
CPT2
CPT3
CPT4
CPT5
ED_Flag
MonthofBeg_Date
YearofBeg_Date
MonthofEnd_Date
YearofEnd_Date
AgeOfPatient
AgeUnits
ObsSeqNo
NoofDaysBtwObs
SubmissionPassed

*Please note the data fields listed in bold are considered **Deniable Data Elements**. Depending on the level of data purchased, these fields may not be present on the file.

Appendix D
Outpatient Observation Data Levels I — VI

Field Name	Field Description	Deniable Data Elements	Level I	Level II	Level III	Level IV	Level V	Level VI
Hos_ID	Hospital DPH Number		X	X	X	X	X	X
Multi_SiteN	Hosp's Designated Multiple Site #		X	X	X	X	X	X
Pt_ID	**Unique Health Information Number (UHIN)**	**D**			**D**	**D**	**D**	**D**
MR_N	**Patient's Medical Record Number**	**D**						**D**
Acct_N	**Hospital Billing Number**	**D**						**D**
MOSS	**Mother s UHIN**	**D**			**D**	**D**	**D**	**D**
DOB	**Date of Birth**	**D**						**D**
Sex	Sex		X	X	X	X	X	X
Race	Race		X	X	X	X	X	X
Zip_Code	Zip Code		X	X	X	X	X	X
Beg_Date	**Patient's Beginning Service Date**	**D**					**D**	**D**
End_Date	**Patient's Ending Service Date**	**D**					**D**	**D**
Obs_Time	Initial Encounter Time of Day		X	X	X	X	X	X

Appendix D
Outpatient Observation Data Levels I — VI

Field Name	Field Description	Deniable Data Elements	Level I	Level II	Level III	Level IV	Level V	Level VI
Ser_Unit	Unit of Service in Hours (= Length of Stay)		X	X	X	X	X	X
Obs_Type	Type of Visit Status		X	X	X	X	X	X
Obs_1Srce	Originating Referring or Transferring Source		X	X	X	X	X	X
Obs_2Srce	Secondary Referring or Transferring Source		X	X	X	X	X	X
Dep_Stat	Departure Status		X	X	X	X	X	X
Payr_Pri	Primary Source of Payment		X	X	X	X	X	X
Payr_Sec	Secondary Source of Payment		X	X	X	X	X	X
Charges	Charges		X	X	X	X	X	X
Surgeon	**Surgeon for this visit (will be UPN)**	**D**		**D**		**D**	**D**	**D**
Att_MD	**Attending Physician (will be UPN)**	**D**		**D**		**D**	**D**	**D**
Oth_Care	Other caregiver		X	X	X	X	X	X
PDX	Principle Diagnosis		X	X	X	X	X	X
Assoc_DX1	Patient's First Associated Diagnosis		X	X	X	X	X	X
Assoc_DX2	Patient's Second Associated Diagnosis		X	X	X	X	X	X
Assoc_DX3	Patient's Third Associated Diagnosis		X	X	X	X	X	X

Appendix D
Outpatient Observation Data Levels I — VI

Field Name	Field Description	Deniable Data Elements	Level I	Level II	Level III	Level IV	Level V	Level VI
Assoc_DX4	Patient's Fourth Associated Diagnosis		X	X	X	X	X	X
Assoc_DX5	Patient's Fifth Associated Diagnosis		X	X	X	X	X	X
P_PRO	Principle Procedure		X	X	X	X	X	X
P_PRODATE	**Date of Principle Procedure**	**D**					**D**	**D**
Assoc_Pro1	First Associated Procedure		X	X	X	X	X	X
Assoc_Date1	**Date of First Associated Procedure**	**D**					**D**	**D**
Assoc_Pro2	Second Associated Procedure		X	X	X	X	X	X
Assoc_Date2	**Date of Second Associated Procedure**	**D**					**D**	**D**
Assoc_Pro3	Third Associated Procedure		X	X	X	X	X	X
Assoc_Date3	**Date of Third Associated Procedure**	**D**					**D**	**D**
CPT1	First CPT Code		X	X	X	X	X	X
CPT2	Second CPT Code		X	X	X	X	X	X
CPT3	Third CPT Code		X	X	X	X	X	X
CPT4	Fourth CPT Code		X	X	X	X	X	X
CPT5	Fifth CPT Code		X	X	X	X	X	X
ED_Flag	Flag to indicate whether patient was admitted to stay from facility s ED.							
MonthofBeg_Date	Month of Begin Date		X	X	X	X	X	X
YearofBeg_Date	Year of Begin Date		X	X	X	X	X	X
MonthofEnd_Date	Month of End Date		X	X	X	X	X	X
YearofEnd_Date	Year of End Date		X	X	X	X	X	X

Appendix D
Outpatient Observation Data Levels I — VI

Field Name	Field Description	Deniable Data Elements	Level I	Level II	Level III	Level IV	Level V	Level VI
AgeOfPatient	Patient Age		X	X	X	X	X	X
AgeUnits	Term Patient Age is Based On		X	X	X	X	X	X
ObsSeqNo	Observation sequence number ordering each consecutive UHIN observation record				X	X	X	X
NoofDaysBtwObs	Number of days between each subsequent observation stay for that UHIN number				X	X	X	X
SubmissionPassed	Submission Passed Edits Flag		X	X	X	X	X	X

Appendix E

Hospital Addresses and DPH ID Numbers

Anna Jaques Hospital 25 Highland Avenue Newburyport, MA 01950 DPH ID #: 2006 Organization ID #: 1	Athol Memorial Hospital 2033 Main Street Athol, MA 01331 DPH ID #: 2226 Organization ID #: 2
Baystate Medical Center 3601 Main Street Springfield, MA 01107-1116 DPH ID #: 2339 Organization ID #: 4	Berkshire Health Systems, Inc. Berkshire Medical Center 725 North Street Pittsfield, MA 01201 DPH ID #: 2313 Organization ID #: 7
Berkshire Health Systems, Inc. Hillcrest Hospital 165 Tor Court Road Pittsfield, MA 01201 DPH ID #: 2231 Organization ID #: 9	Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215 DPH ID #: 2069 Organization ID #: 10
Beth Israel Deaconess Medical Center — Needham 148 Chestnut Street Needham, MA 02192 DPH ID #: 2054 Organization ID #: 53	Boston Medical Center — Harrison Ave. Campus 88 East Newton Street Boston, MA 02118 DPH ID #: 2307 Organization ID #: 16
Brigham & Women's Hospital 75 Francis Street Boston, MA 02115 DPH ID #: 2921 Organization ID #: 22	Brockton Hospital 680 Centre Street Brockton, MA 02402 DPH ID #: 2118 Organization ID #: 25
Cambridge Health Alliance Cambridge & Somerville 65 Beacon Street Somerville, MA 02143 DPH ID #: 2108 Organization ID #: 27	Cape Cod Health Systems — Cape Cod Hospital Campus 27 Park Street Hyannis, MA 02601 DPH ID #: 2135 Organization ID #: 39

Appendix E

Hospital Addresses and DPH ID Numbers

Caritas Carney Hospital 2100 Dorchester Avenue Dorchester, MA 02124 DPH ID #: 2003 Organization ID #: 42	Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301 DPH ID #: 2101 Organization ID #: 62
Caritas Holy Family Hospital 70 East Street Methuen, MA 01844 DPH ID #: 2225 Organization ID #: 75	Caritas Norwood Hospital 800 Washington Street Norwood, MA 02062 DPH ID # 2114 Organization ID #: 41
Caritas St. Anne's Hospital 795 Middle Street Fall River, MA 02721 DPH ID #: 2011 Organization ID #: 114	Caritas St. Elizabeth's Medical Center 736 Cambridge Street Brighton, MA 02135 DPH ID #: 2085 Organization ID #: 126
Children's Hospital 300 Longwood Avenue Boston, MA 02115 DPH ID #: 2139 Organization ID #: 46	Clinton Hospital 201 Highland Street Clinton, MA 01510 DPH ID #: 2126 Organization ID #: 132
Cooley Dickinson Hospital 30 Locust Street Northampton, MA 01060-5001 DPH ID #: 2155 Organization ID #: 50	Dana Farber Cancer Institute 44 Binney Street Boston, MA 02115 DPH ID #: 2335 Organization ID #: 51
Emerson Hospital Route 2 Concord, MA 01742 DPH ID #: 2018 Organization ID #: 57	Fairview Hospital 29 Lewis Avenue Great Barrington, MA. 01230 DPH ID #: 2052 Organization ID #: 8

Appendix E

Hospital Addresses and DPH ID Numbers

Falmouth Hospital 100 Ter Heun Drive Falmouth, MA 02540 DPH ID #: 2289 Organization ID #: 40	Faulkner Hospital 1153 Centre Street Jamaica Plain, MA 02130 DPH ID #: 2048 Organization ID #: 59
Franklin Medical Center 164 High Street Greenfield, MA 01301 DPH ID #: 2120 Organization ID #: 5	Hallmark Health Care — Lawrence Memorial Hospital Campus 170 Governors Avenue Medford, MA 02155 DPH ID #: 2038 Organization ID #: 66
Hallmark Health Care — Melrose Hospital Campus 585 Lebanon Street Melrose, MA 02176 DPH ID #: 2058 Organization ID #: 141	Harrington Memorial Hospital 100 South Street Southbridge, MA 01550 DPH ID #: 2143 Organization ID #: 68
HealthAlliance Hospital 60 Hospital Road Leominster, MA 01453-8004 DPH ID #: 2034 Organization ID #: 71	Heywood Hospital 242 Green Street Gardner, MA 01440 DPH ID #: 2036 Organization ID #: 73
Holyoke Hospital 575 Beech Street Holyoke, MA 01040 DPH ID #: 2145 Organization ID #: 77	Hubbard Regional Hospital 340 Thompson Road Webster, MA 01570 DPH ID #: 2157 Organization ID #: 78
Jordan Hospital 275 Sandwich Street Plymouth, MA 02360 DPH ID #: 2082 Organization ID #: 79	Kindred Hospital — Boston 1515 Commonwealth Avenue Brighton, MA 02135 DPH ID #: 2091 Organization ID #: 136

Appendix E

Hospital Addresses and DPH ID Numbers

Kindred Hospital - North Shore 15 King Street Peabody, MA 01960 DPH ID #: 2171 Organization ID #: 135	Lahey Clinic Hospital 41 Mall Road Burlington, MA 01805 DPH ID #: 2033 Organization ID #: 81
Lawrence General Hospital One General Street Lawrence, MA 01842-0389 DPH ID #: 2099 Organization ID #: 83	Lowell General Hospital 295 Varnum Avenue Lowell, MA 01854 DPH ID #: 2040 Organization ID #: 85
Marlborough Hospital 57 Union Street Marlborough, MA 01752-9981 DPH ID #: 2103 Organization ID #: 133	Martha's Vineyard Hospital Linton Lane Oak Bluffs, MA 02557 DPH ID #: 2042 Organization ID #: 88
Mary Lane Hospital 85 South Street Ware, MA 01082 DPH ID #: 2148 Organization ID #: 6	Massachusetts Eye and Ear Infirmary 243 Charles Street Boston, MA 02114-3096 DPH ID #: 2167 Organization ID #: 89
Massachusetts General Hospital 55 Fruit Street Boston, MA 02114 DPH ID #: 2168 Organization ID #: 91	Mercy Hospital 271 Carew Street Springfield, MA 01102 DPH ID #: 2149 Organization ID #: 119
Merrimack Valley Hospital 140 Lincoln Avenue Haverhill, MA 01830-6798 DPH ID #: 2131 Organization ID #: 70	MetroWest Medical Center — Framingham Hospital Campus 115 Lincoln Street Framingham, MA 01701 DPH ID #: 2020 Organization ID #: 49

Appendix E

Hospital Addresses and DPH ID Numbers

MetroWest Medical Center — Leonard Morse Campus 67 Union Street Natick, MA 01760 DPH ID #: 2039 Organization ID #: 457	Milford-Whitinsville Regional Hospital 14 Prospect Street Milford, MA 01757 DPH ID #: 2105 Organization ID #: 97
Milton Hospital 92 Highland Street Milton, MA 02186 DPH ID #: 2227 Organization ID #: 98	Morton Hospital and Medical Center 88 Washington Street Taunton, MA 02780 DPH ID #: 2022 Organization ID #: 99
Mount Auburn Hospital 330 Mt. Auburn Street Cambridge, MA 02238 DPH ID #: 2071 Organization ID #: 100	Nantucket Cottage Hospital 57 Prospect Street Nantucket, MA 02554 DPH ID #: 2044 Organization ID #: 101
Nashoba Valley Medical Center 200 Groton Road Ayer, MA 01432 DPH ID #: 2298 Organization ID #: 52	New England Baptist Hospital 125 Parker Hill Avenue Boston, MA 02120 DPH ID #: 2059 Organization ID #: 103
Tufts New England Medical Center 750 Washington Street Boston, MA 02111 DPH ID #: 2299 Organization ID #: 104	Newton-Wellesley Hospital 2014 Washington Street Newton, MA 02162 DPH ID #: 2075 Organization ID #: 105
Noble Hospital 115 West Silver Street Westfield, MA 01086 DPH ID #: 2076 Organization ID #: 106	North Adams Regional Hospital Hospital Avenue North Adams, MA 01247 DPH ID #: 2061 Organization ID #: 107

Appendix E

Hospital Addresses and DPH ID Numbers

Northeast Health Systems — Addison Gilbert Hospital 298 Washington Street Gloucester, MA 01930 DPH ID #: 2016 Organization ID #: 109	Northeast Health Systems — Beverly Hospital 85 Herrick Street Beverly, MA 01915 DPH ID #: 2007 Organization ID #: 110
Quincy Hospital 114 Whitwell Street Quincy, MA 02169 DPH ID #: 2151 Organization ID #: 112	Saints Memorial Medical Center One Hospital Drive Lowell, MA 01852 DPH ID #: 2063 Organization ID #: 115
Salem Hospital 81 Highland Avenue Salem, MA. 01970 DPH ID # : 2014 Organization ID #: 116	South Shore Hospital 55 Fogg Road South Weymouth, MA 02190 DPH ID #: 2107 Organization ID #: 122
Southcoast Health Systems — Charlton Memorial Hospital 363 Highland Avenue Fall River, MA 02720 DPH ID #: 2337 Organization ID #: 123	Southcoast Health Systems — St. Luke's Hospital 101 Page Street New Bedford, MA 02740 DPH ID #: 2010 Organization ID #: 124
Southcoast Health Systems - Tobey Hospital 43 High Street Wareham, MA 02571 DPH ID #: 2106 Organization ID #: 145	Saint Vincent Hospital 25 Winthrop Street Worcester, MA 01604 DPH ID #: 2128 Organization ID #: 127
Sturdy Memorial Hospital 211 Park Street Attleboro, MA 02703 DPH ID #: 2100 Organization ID #: 129	UMass. Memorial - Medical Center 281 Lincoln Street Worcester, MA 01605 DPH ID #: 2841 Organization ID #: 130

Appendix E

Hospital Addresses and DPH ID Numbers

Union Hospital 500 Lynnfield Street Lynn, MA 01904-1424 DPH ID #: 2073 Organization ID #: 3	Waltham Hospital Hope Avenue Waltham, MA 02254 DPH ID #: 2067 Organization ID #: 54
Winchester Hospital and Family Medical Center 500 Salem Street Wilmington, MA 01887 DPH ID #: 2094 Organization ID #: 138	Wing Memorial Hospital and Medical Center 40 Wright Street Palmer , MA 01069-1187 DPH ID #: 2181 Organization ID #: 139

Appendix F

List of Hospitals Submitting Observation Patient Data for FY2001

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Medical Center
Berkshire Health Systems — Berkshire Medical Center
Beth Israel Deaconess
Beth Israel Deaconess — Needham Campus
Boston Medical Center — Harrison Avenue Campus
Brigham & Women s Hospital
Brockton Hospital
Cambridge Health Alliance —Cambridge
Cape Cod Hospital
Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Holy Family
Caritas Norwood Hospital
Caritas St. Anne s
Caritas St. Elizabeth s
Children s Hospital
Clinton Hospital
Cooley-Dickinson Hospital
Dana Farber Cancer Institute
Emerson Hospital
Fairview Hospital
Falmouth Hospital
Faulkner Hospital
Franklin Medical Center
Hallmark Health Systems — Lawrence Memorial
Hallmark Health Systems — Melrose Hospital
Harrington Memorial Hospital
HealthAlliance Hospitals, Inc.
Heywood Hospital
Holyoke Hospital
Hubbard Regional Hospital
Jordan Hospital
Lahey Clinic Hospital
Lawrence General Hospital
Lowell General Hospital
Marlborough Hospital
Martha s Vineyard Hospital
Mary Lane Hospital
Massachusetts Eye & Ear Infirmary
Massachusetts General Hospital
Mercy Hospital - Springfield
Merrimack Valley Hospital
MetroWest Medical Center - Framingham
MetroWest Medical Center — Leonard Morse
Milford-Whitinsville Regional Hospital
Milton Hospital
Morton Hospital
Mount Auburn Hospital
Nantucket Cottage Hospital
Nashoba Valley Medical Center
New England Baptist Hospital
[Tufts] New England Medical Center
Newton-Wellesley Hospital
Noble Hospital
North Adams Regional Hospital
Northeast Health Systems — Addison Gilbert
Northeast Health Systems — Beverly Hospital
Quincy Hospital
Saints Memorial Medical Center
Salem Hospital
South Shore Hospital
Southcoast Health Systems — Charlton Memorial
Southcoast Health Systems — St. Luke s
Southcoast Health Systems —Tobey
Saint Vincent Hospital
Sturdy Memorial Hospital
UMass. Memorial Medical Center
Union Hospital
Waltham Hospital
Winchester Hospital
Wing Memorial Hospital

Appendix G

List of Hospitals that Do Not See Observation Patients

Hospital Name	Comments
Berkshire Health Systems — Hillcrest Campus	Does not see observation patients.
Cambridge Health Alliance — Malden Hospital	Does not see observation patients.
Caritas Norcap Lodge	Does not see observation patients.
Kindred — Boston	Does not see observation patients.
Kindred — North Shore	Does not see observation patients.

List of Hospitals that Did Not See Observation Patients in FY2002

Hospital Name	Comments
Mercy Hospital - Providence	No observation patients for FY2002

Appendix H
ALPHABETICAL SOURCE OF PAYMENT LIST

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
272	Auto Insurance	T	AI
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
2	Bay State - a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (includes Healthflex Blue) — POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (Not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (Not listed elsewhere)***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM -MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America **	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare Of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO

ALPHABETICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
990	Free Care — co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
14	Health New England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		

ALPHABETICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care - Community Health Plan	B	MCD-MC
108	Medicaid Managed Care - Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care - Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care - Health New England	B	MCD-MC
111	Medicaid Managed Care - HMO Blue	B	MCD-MC
112	Medicaid Managed Care - Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care - Neighborhood Health Plan	B	MCD-MC

ALPHABETICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
115	Medicaid Managed Care - Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care - United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO - Blue Care 65	F	MCR-MC
125	Medicare HMO - Fallon Senior Plan	F	MCR-MC
221	Medicare HMO - Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO - HCHP First Seniority	F	MCR-MC
127	Medicare HMO - Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO - Healthsource CMHC	F	MCR-MC
212	Medicare HMO - Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO - HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO - Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO - Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO - Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO - Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO - Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO - Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO - Pilgrim Preferred 65 **	F	MCR-MC
231	Medicare HMO - Pilgrim Prime	F	MCR-MC
232	Medicare HMO - Seniorcare Direct	F	MCR-MC
233	Medicare HMO - Seniorcare Plus	F	MCR-MC
224	Medicare HMO - Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO - US Healthcare	F	MCR-MC
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	MCR-MC

ALPHABETICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
43	MEDTAC	8	HMO
96	Metrahealth (United Health Care of NE)	7	COM
158	Metrahealth - HMO (United Health Care of NE)	D	COM-MC
172	Metrahealth - POS (United Health Care of NE)	D	COM-MC
157	Metrahealth - PPO (United Health Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
91	New England Benefits	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for Secondary Source of Payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere) ***	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of state BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage — PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO

ALPHABETICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
95	Pilgrim Select — PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
203	Principal Financial Group (Principal Mutual Life)	7	COM
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185 —198	Reserved		
205-209	Reserved		
213 —219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	UniCare	7	COM
182	UniCare Preferred Plus Managed Access EPO	D	COM-MC
270	UniCare Preferred Plus PPO	D	COM - MC
70	Union Labor Life Insurance	7	COM

ALPHABETICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM
35	United Healthcare Insurance Company — HMO (New for 1997)	D	COM-MC
163	United Healthcare Insurance Company — POS (New for 1997)	D	COM-MC
36	United Healthcare Insurance Company — PPO (New for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice- PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

** Supplemental Payer Source
*** Please list under the specific carrier when possible.

SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY:

137	AARP/Medigap Supplement	7	COM
138	Banker s Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance co.	7	COM
127	Medicare HMO -Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO - Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO -HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO-Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	MCR-MC

Appendix I
NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
1	Harvard Community Health Plan	8	HMO
2	Bay State - a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon Umass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage — PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England, Inc	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 and 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC

NUMERICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
32	Invalid (replaced by #157 and 158)		
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company - HMO (New for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (New for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health New England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare Of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue CHiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

NUMERICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice- PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by # 84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select — PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	UniCare	7	COM

NUMERICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care — Community Health Plan	B	MCD-MC
108	Medicaid Managed Care - Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care - Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care - Health New England	B	MCD-MC
111	Medicaid Managed Care - HMO Blue	B	MCD-MC
112	Medicaid Managed Care - Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care - Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care - United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care - Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO - Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO - Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO - HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO - Kaiser Medicare Plus Plan **	F	MCR-MC

NUMERICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO - Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO - Matthew Thornton Senior Plan	F	MCR-MC
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO - Other (not listed elsewhere) ***	F	MCR-MC
135	Out-of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (Not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (Not listed elsewhere)***	C	BCBS-MC
156	Out of state BCBS	6	BCBS
157	Metrahealth - PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth - HMO (United Health Care of NE)	D	COM-MC
159	None (Valid only for Secondary Source of Payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC
163	United Healthcare Insurance Company - POS (New for 1997)	D	COM-MC

NUMERICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth - POS (United Health Care of NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	UniCare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185 -198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
205-209	Reserved		
210	Medicare HMO - Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO - Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO - Healthsource CMHC Central Care Supplement **	F	MCR-MC
213 -219	Reserved		
220	Medicare HMO - Blue Care 65	F	MCR-MC
221	Medicare HMO - Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO - Healthsource CMHC	F	MCR-MC

NUMERICAL SOURCE OF PAYMENT LIST (*Continued*)

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
223	Medicare HMO - Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO - Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO - US Healthcare	F	MCR-MC
226-229	Reserved		
230	Medicare HMO - HCHP First Seniority	F	MCR-MC
231	Medicare HMO - Pilgrim Prime	F	MCR-MC
232	Medicare HMO - Seniorcare Direct	F	MCR-MC
233	Medicare HMO - Seniorcare Plus	F	MCR-MC
234	Medicare HMO - Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM -MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM - MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
990	Free Care — co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC

** Supplemental Payer Source
*** Please list under the specific carrier when possible.

SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIA-TION
127	Medicare HMO -Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO -HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO-Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO -Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker s Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO - Healthsource CMHC Central Care Supplement	F	MCR-MC